FRESNO POLICE DEPARTMENT RESIDENTS' ACADEMY ENROLLMENT APPLICATION

Name:	rst)	(Middle)		(Last)	
Address:			(City)	(State)	(zip)
		Cell/Alt.:	,	,	
E-mail Address:Dr			iver License Number:		
Student Information for Fresno/Central Unified School District: (if applicable)					
Nombre	Segundo Nombre	Apellido	Año escolar	Fecha de Nacimiento	Escuela
Emergency, contact:					
What interests you in attending the Residents Academy?					
How did you hear about the Residents Academy?					
Potential candidates for the Citizens' Police Academy must meet the following requirements:					
Final approval is at the discretion of the Fresno Police Department. Participants will be notified via email/telephone one week prior to start date. Your signature on this form authorizes the Fresno Police Department to perform a criminal history check for purposes of admission to the Residents Academy.					
Signature:	Date				
Submit you completed application prior to 8/30/21: US Mail: City of Fresno-Office of Neighborhood Safety Community Engagement 1900 Mariposa Street, Suite 121, Fresno, CA 93721 Email: mgpi@fresno.gov					
RESIDENTS ACADEMY INFORMATION LINE (559) 621-2353					
FUSD PU Office Use only					
Region:	School:				

Session:

Module: RESIDENTS' ACADEMY